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FROM THE EDITOR

Counselling and psychotherapy in healthcare settings can sometimes be disproportionately focused on psychological therapy provision and the setting in which we work rather than the work we do with clients. While this is important, both in our working lives and for the future of counselling and psychotherapy in NHS-funded services, the articles in this issue concentrate on the work we do, rather than where we do it.

Tina Livingstone brings 15 years' experience of counselling people who are partners of trans-identified and trans-historied people to our lead article. The author outlines and acknowledges some of the issues partners may bring to counselling, such as a heightened sense of vulnerability, a sense of the unknown, deep loss, and a shattered picture of a future relationship. She also asks us to always hold in awareness potential and possibility: 'I know couples who have revisited their wedding vows in church both wearing dresses, people who still enjoy a fully sexual marriage, and others who live happily in sisterly union, as well as ex-partners, comfortable in their own lives, who happily take their children on holiday together every year,' Tina writes. 'All things are possible – with time, respect, and love. It is simply that when we are devastatingly hurt, we cannot even contemplate the possibilities.'

In an article demonstrating that what we do can make a tangible difference, Dippica Mistry and Michael Lilley tell us about a therapy project which tackles the issues of domestic abuse and parental mental health in the family – to the benefit of the children. The Birmingham-based project provides domestic abuse counselling and a programme for perpetrators, and a recent research study has demonstrated positive outcomes in helping prevent family breakdown and so allowing children at risk to develop safely and healthily.

